

Service Definition

Probation Service Definition

SERVICE NAME	Community Treatment Aide	Adult	
Category	Mental health and substance use		
Setting	Services are provided primarily in the youth's natural environment and/or other appropriate location(s); may include other appropriate community locations where the parent or caregiver is present including a foster home, school or other appropriate community locations conducive for the delivery of community treatment aide (CTA) services.		
Facility License	NA		
Service Description	 CTA is defined as supportive, directive, and a teaching service provided in the home, so appropriate location(s) that assists the youth and/or family to improve their capacity for restrictive environment. The youth is treated under the care of a licensed supervising community treatment services must be part of an overall treatment plan. CTA services are supportive psycho-educational interventions designed to assist the youth, or eliminating, functional deficits and interpersonal and/or environmental barriers mental illness. CTA services shall enhance the youth and caregiver's ability to manage health and substance use disorder symptoms. Activities included shall have the intenti identified goals or objectives as set forth in the youth's individualized treatment plan. 	for living practitio outh with s associat the yout ion of ach	in the least ner; prescribed a compensating ted with their th's mental nieving the
Service Expectations	 CTA services shall not be used in place of a school aide or other similar services not inv CTA services are designed to assist the youth with compensating for or eliminating fun interpersonal and/or environmental barriers associated with their mental diagnosis. CTA services shall enhance the youth's and caregiver's ability to manage the youth's m substance use disorder symptoms. Activities included shall have the intention of achie or objectives set forth in the youth's individualized treatment plan. Activities designed by CTA treatment aide may include activities related to: Developing a written safety plan with input from the therapist, the youth and the p Instructing the parents or caregivers in de-escalation techniques and strategies. 	nctional d nental he eving the	eficits and alth and identified goals

	 Teaching and modeling appropriate behavioral treatment interventions and techniques and coping skills with the youth and the youth's parents or caregivers. Collecting information about medication compliance and developing reminder strategies and other interventions to enhance compliance as needed.
	 5. Assisting parents/caregivers with reporting medication effects, side effects, concerns regarding side effects or compliance problems and other information regarding progress and barriers to the treating therapist and the prescribing physician. 6. Teaching and modeling proper and effective parenting practices.
	7. Training and rehabilitation regarding basic personal care and activities of daily living.
Service Frequency	The CTA service must be available during times that meet the need of the youth and their family to include after school, evenings or weekends or both. Scheduled therapeutic and CTA services should not interfere with the youth's academic and extracurricular schedule.
Length of Stay	Up to 6 months
Staffing	CTA Supervisor: The CTA program/clinical director may be a licensed physician, psychologist, an RN, an APRN, LIMHP or LMHP. The director shall have two years of professional experience in mental health and/or substance use disorder treatment of individuals under the age of 21. CTA Therapist: The CTA program therapist shall be a licensed physician, psychologist, LIMHP, LMHP or APRN. The CTA may be a PLMHP or a provisionally licensed psychologist only if employed by an accredited organization. The CTA therapist shall meet all the requirements for outpatient therapy and must coordinate and collaborate with the CTA direct staff. Must be employed within the same agency as the therapist/licensed clinician, unless an exception has been granted.
	CTA Aides must have: (A) bachelor's degree in psychology, social work, child development or a related field and the equivalent of one year of full-time experience in direct child/youth services or mental health and/or substance use disorder services. Equivalent time in graduate studies may substitute for work experience; OR (B) two years post-high school education in the human services or related fields and a minimum of two years' experience in direct child/youth services or mental health and/or substance use disorder services. 40 Hours of Pre-Service Training required: minimally includes the following required for all CTAs.

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	Family centered practice; trauma-informed care; de-escalation techniques and aggression management
	 Crisis intervention strategies; behavior management planning and technique implementation
	 Role of medication in psychiatric treatment and common psychotropic medications used in the treatment of
	children/youths
	 Effective verbal and written communication; discipline and structure in the home
	Restraint and seclusion policies and procedures
	 Common child/youth psychiatric diagnosis and treatment modalities
	 Cardiopulmonary resuscitation (CPR)/first aid; safety and protection for home-based staff
	 Professional, personal and family boundaries; parenting techniques; child development
	 Knowledge of the specific regulations for the mandatory reporting of abuse and neglect
	 Knowledge of substance use disorders and the appropriate treatment interventions
Staff to Youth Ratio	CTA to individual/individuals served: typically one per youth and parent/caregiver, but one CTA may serve up to
	10 youth
Hours of Operation	24/7
Service Desired Outcomes	Treatment goals have been accomplished for the youth and parent/caregiver.
	Youth and parent/caregiver demonstrate de-escalation techniques, behavioral management techniques,
	coping skills, social and life skills development, child development, relapse prevention and medication
	compliance learned during service delivery.
	Family can identify and make use of community resources and natural supports.
	Youth and parent/caregiver have a goal-driven, comprehensive treatment and discharge plan.
	Connections with other mental health/substance providers have been coordinated for the family or
	individual family members to access after discharge.
Unit and Rate	Per hour

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